



## STATE OPIOID RESPONSE (SOR) GRANT

July 26, 2018

Riverbend Community Mental Health Inc.  
Response to Request for Public Input

The U.S. Department of Justice shows that over two-thirds of jail inmates are repeat offenders (a rate that has been consistent for decades), having been admitted and released from jail at least once before. This high rate of recidivism suggests that new or improved services are needed to successfully reintegrate offenders into mainstream community living. Reducing recidivism through successful community reentry improves public safety.

Riverbend along with Merrimack Department of Corrections (MCDOC) and Merrimack County's Drug Court (Drug Court) are working together towards the general outcome goals of reducing recidivism, improving public safety, and assisting individuals with successfully integrating into their communities.

The fact that Riverbend is a common denominator in the provision of behavioral health services both inside the walls and in the community corrections environment, allows the agency to have a good clinical and risk evaluation of individuals who are best suited to either the SOAR program in the Department of Corrections or the Drug Court requirements for people struggling with the disease of addiction.

Both programs revolve around evidence based practices that ensure, that with consistent clinical interventions, the likelihood of people recidivating is considerably reduced.

There are funding gaps in the system that need to be addressed in order to have continued success in preserving individual's recovery status. The County and the Courts have limited funds to support the programs and thus there are shortfalls in meeting the needs of the population.

It is estimated at 80% of individuals who come through county correctional facilities struggle with addiction and many of those have opioid use disorder. There is a need for more access to Medication Assisted Treatment (MAT) both inside and outside the walls of the MCDOC. Merrimack County believes that there should be ongoing communication across the Jail and the community.

We will break out funding gaps and suggestions for service enhancement in 3 parts. The first 2 sections are relative to corrections in the jail and the community. The final section is related to support services for families of people who are struggling with the disease of addition and who encounter the criminal justice system.

We have not assigned a monetary amount to the suggestions as we are assuming that will be the next phase of this process.

**The following are some projects that would need funding support to continue to grow the Merrimack Region Re-Entry and diversion projects:**

1. Support MCDOC to improve assessment at booking
  - a. Inmates in need of detox support upon incarceration
  - b. Inmates connected to Substance Use Disorder (SUD) treatment prior to incarceration
  - c. Inmates in need of facilitated referral to SUD treatment/PCP upon release
  - d. Inmates with SUD and additional risk factors (e.g. pregnant/post-partum, recent overdose)
2. Support MCDOC to develop reports and processes within their electronic record system(s) to better understand and attend to the health and resource needs of the population
  - a. Inmates in need of detox support upon incarceration
  - b. Inmates connected to SUD treatment prior to incarceration
  - c. Inmates in need of facilitated referral to SUD treatment/PCP upon release
  - d. Inmates with SUD and additional risk factors (e.g. pregnant/post-partum, recent overdose) Perinatal Program to be developed inside the walls
3. Develop and implement training for Corrections staff on addiction and recovery
4. Purchase higher quality urinalysis collection cups to reduce frequency of false positives resulting in unnecessary and unfair re-incarceration
5. Implement MAT within MCDOC by adding a Provider to the Behavioral Health staff, 50% and the other 50% of the Provider would be community based to benefit coordination of care.
6. Reimburse SUD treatment facilities for cost of intake to allow for facilitated referral prior to release (via furlough)
7. Provide transportation post-release from rural communities (Canterbury, Boscawen, Pittsfield, Franklin) to SUD treatment while on furlough and at release by supporting taxi services. MCDOC would have contracts with different local taxi companies.
8. Improve connectivity of Probation, Parole, MCDOC, local police, and SUD treatment facilities
  - a. Cross training to support development of shared beliefs about recovery
  - b. Regularly scheduled committees and work groups
  - c. Development of communication tools/liaisons
9. Provide fulltime employment (FTE) for a Care Manager whose responsibility is to prepare inmates for discharge by ensuring that all referrals to behavioral health, primary care and all social determinants of health needs are fulfilled by the time release occurs.

**The following are some funding gaps that exist within Community Corrections and the Drug Court Program.**

1. Sober Housing. While Riverbend are not suggesting that we provide this service, there is a System of Care Coordinator who is responsible for the SUD community coming together on a monthly basis. This is a group of providers that spans prevention, treatment and recovery services and can assist the region in connecting treatment phases to ongoing recovery services such as existing sober housing. This group can also assist potential new providers coming into the Region.
2. Residential Treatment. Please see note # 1 for this category. There is a very short time to implement and Riverbend does not provide this service but would be willing to use the System of Care meetings to coordinate and support.
3. Provide Transportation for clients attempting to engage in SUD services especially when first released before finding employment. Either funding for a taxi contract or funding for a van and a driver/peer would be a great benefit to getting people in early recovery.
4. Provide Transportation for clients who have been accepted into Higher Level of Care facilities that are out the Concord Area. As in note 3 either through a contacted service or funding a van and a driver/peer.
5. Provide Medical care or funds to pay for medical care especially required physicals for Residential care SUD treatment, Hep C and HIV treatments for individuals without medical insurance coverage, bridging to when they have such coverage.
6. Provide Dental care not covered by Medicaid like preventative care as well as repair to existing teeth besides just extraction options working closely with the Family Health Center at Concord Hospital who are the only provider of this service at the moment.
7. Incentives to local businesses to provide jobs to these clients that would be safer jobs for a client's recovery. Funding for a position similar to a Supported Employment Specialist concentrating on SUD issues.
8. Provide FTE funds for a "Navigator" who is a street based outreach person (could be a peer) who would provide resources to the homeless population by way of community connections, clothing, health connections, food, condoms, etc.
  - a. Provide a vehicle to outreach in and a cellular phone
9. Funding a Peer to go out on wellness checks with the probation/parole officer or even local Police Department.
10. Stipend for attendance for all community resource to attend a monthly or bimonthly group resource meeting.

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**Suggested funding opportunity for family support to parents of children struggling with addiction:**

1. Provide funding to support 2 FTE's (one master's level clinician and one peer mentor) to make contact with identified families who need help in dealing with a family member who is struggling with active addiction.
  - a. Team members would utilize CBT and Trauma Focused Therapy to help families cope with the demands of addiction and process their role in the road to recovery.
  - b. Team would connect family members with other local resources to help in the recovery process.

Riverbend would like to thank DHHS for the opportunity to be involved in this process

Sincerely,

A handwritten signature in black ink, appearing to read 'Peter Evers', with a long horizontal flourish extending to the right.

Peter Evers LICSW  
CEO